PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

olication or Docket Number

10480-014-985

| | | CLAIMS AS | O\ | | MALL EN | | 0 D | OTHER | | | | | |
|--|---|---|---------------|--------------|----------------------------------|------------------|------------|---------------------|------------------------|-----------|---------------------|------------------------|--|
| TOTAL CLAIMS | | | (Column 1) | | (Colui | (Column 2) | | TYPE | FEE | OR I [| SMALL E | | |
| | | | 18 | | 200 | | ŀ | RATE BASIC FEE | | | RATE | FEE · 710.00 | |
| FOF | · | | NUMBER FILED | | NUMBER EXTRA | | ŀ | BASIC FEE | 355.00 | OR | BASIÇ FEE | . / 10.00 | |
| TO | TAL CHARGEAE | 3LE CLAIMS | / 8 minus 20= | | . 0 | | | X\$ 9= | , 0 , | OR | X\$18= | 0 | |
| INDEPENDENT CLAIMS | | | 2 minus 3 = | | 0 | 0 | | X40= | 0 | OR | X80= | 0 | |
| MU | TIPLE DEPENI | DENT CLAIM PF | RESENT | | | | | +135= | | OR | +270= | | |
| * If the difference in column 1 is less than zero, ent | | | | | r "0" in c | olumn 2 | | TOTAL | 355 | OR | TOTAL | <i>5</i> 7 '0 | |
| CLAIMS AS AMENDED - PART II | | | | | | | | • | | I | OTHER | | |
| | | (Column 1) | | | mn 2) | (Column 3) | . , | SMALL | | OR | SMALL | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST MBER IOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | · | RATE | ADDI- TIONAL FEE | |
| | Total | a | Minus | ** | , | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | * | Minus | *** | | = | | X40= . | | OR | X80= | , | |
| L | FIRST PRESE | NTATION OF M | JLTIPLE DEP | ENDEN | TCLAIM | |) | +135= ' | | OR | +270= | | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREV | HEST MBER YIOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | • | Minus | *** | | = | | X40= | - | OR | X80≘ | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ل | +135= | | OR | +270= | | |
| BEST AVAILABLE COPY | | | | | | | | TOTAL | | | TOTAL | | |
| De 23 4 4 4 4 4 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | | | | ADDIT. FEE | | OR | ADDIT. FEE | | |
| _ | | (Column 1) CLAIMS | | | umn 2) HEST | (Column 3) | ١, | | | | | | |
| AMENDMENT C | | REMAINING AFTER AMENDMENT | | NUI PREV | MBER /IOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | , | RATE | ADDI- TIONAL FEE | |
| | Total | • | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | • | Minus | *** | | = |] | X40= | | OR | X80= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | J | | | 1 | | | |
| | | | | | | | | | | OR | | | |
| ** | " If the ntry in column 1 is less than the ntry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid Fir" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid Fir" IN THIS SPACE is less than 3, entire "3." The "Highest Number Previously Paid Fir" (Tital ir Independ int) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |